

MONROE COUNTY CRIME LABORATORY
85 W. Broad Street, Rochester, NY 14614
(585)-753-3535

Evidence Intake Form

Lab Case Number: _____ **(Laboratory Use Only)**

Agency: _____ **CR Number:** _____ **Lot Number:** _____

Offense: _____ **NYS Offense Code:** _____

Item(s) Collected From or At: _____

Item(s) Collected By: _____ **Date Collected:** _____

Point of Contact: _____ **Phone Number:** _____

Victim (s): _____ / _____
 Last First Initial Last First Initial

Suspect (s) : _____ / _____
 Last First Initial Last First Initial

Agency Item Number(s)	Description of Evidence (Indicate if from Victim or Suspect where applicable) * Evidence Intake does not inventory the contents of sealed evidence packages	Lab Item Number(s) (Laboratory Use Only)	Section(s) (Laboratory Use Only)

Brief Description of Case and / or Analysis Requested:

Submitted By (Print Name): _____ **Received By:** _____

Submitter Signature: _____ **Date:** _____ **Time:** _____

All printed copies are uncontrolled

Page 1 of 1

Approved By	John R. Clark 11-19-12	Revision	2012-6	Document ID	PSL-191	Issued on	11-20-12
-------------	------------------------	----------	--------	-------------	---------	-----------	----------